## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P02000067792



FILED Mar 17, 2003 8:00 am Secretary of State

NAME STREET ADDRESS STREET ADDRESS	1. Entity Nam					03-17-2003 90084 043 ***150.00							
Sulle, Apt. 4, etc.  City & State  Country  Country  Screen Address of Status Desired  Benguisdered Agent  Name  Name  Name  Name  Name  Name  Streen Address of New Registered Agent  Name  Name  Streen Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  Streen Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  Streen Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  Streen Address (PO. Box Number is Not Acceptable)  The above named onney submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and acceptation to origination agents agents of brings advantage agents agents of brings agents agents agents of brings agents agents agents of brings agents agen	1222 CHELSEA PLACE 1222 CHELSEA PLACE ORLANDO FL 32803 ORLANDO FL 32803												
Suite, Apt. 9, etc.    City & State	2. Principal Place of Business  5. C.M.E. a.S. a. Dove 3. Mailing Address  5. A.M.E. Same					as above			1 188118\$1 111 60118 (1811 BE	FILL BUILL BUILL BUILU	41161 188() 1 <b>95</b> 1	0 (Dilu ):61 (D1)	
ZP   Country   ZIP   Country   S. Certificate of Status Degree   S8.75 Additional Fee Required   S8.75 Additional Fee Required	Suite, Apt. #, etc. Suite, Apt. #, etc.								☐ CHECK HERE IF MAKING CHANGES				
Country	City & State			City & State				12 424000					
Street Address of Name and Address of Current Registered Agent   Name	Zip		- Country Co		Count	V-			ficate of Status Desire	ed 🔲	\$8.75 Ad	ditional	
Name   Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current Reg	istered Agent			<u>-</u> -	7 Name	e and Address of Ne				
JONES, KETTH W 1222 CHELSEA PLACE ORLANDO FL 32803  City FL Zip Code  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Pforida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INLE  NAME SIRRET ADDRESS  OITY-S1-ZIP  ITHE NAME S			Name				riogiotoreu /	.g					
Steel Address (P.O. Box Number is Not Acceptable)	IONICO VESTILIM					•							
1222 CHELSEA PLACE ORLANDO FL 32803  City FL Zip Code  1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismailar with, and accept the obligations of Plants of Plants of Plants of Plants of Florida. I am Ismailar with, and accept the obligations of Plants of Florida agent agent agent agent agent agent ag						Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature: speed or privide name of implifiered agent and time if applicable. (NOTE Registered Agent algorithm required when remaining)   DATE	1222 CH	elsea pla	CE	Į									
City   FL   Zip Code	ORLANDO FL 32803						-						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu											1 .		
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS							<b>FL</b>						
Signature, project or printed range of angitative degree and title if application.   MOTE Registered Agent signature recastived when virtuality   DATE													
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME SIREET ADDRESS 1221 Chelbeupl Alanda H3783  CITY-ST-2P  TITLE NAME 1221 Chelbeupl Opelele NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-2P  TITLE NAME SIREET ADDRESS S													
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	After May 1, 2003 Fee will be \$550.00												
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	10. OFFICERS AND DIRECTORS							ADDITION	ONS/CHANGES TO	OFFICERS AND	DIRECTOR	S INI 11	
NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADD		P.	16.1.	□ Delete	TITLE				0,10,0,11,102010	01110211071110			
NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADD	NAME STREET ADDRESS CITY-ST-ZIP  NOTICY A . Jone'S CITY-ST-ZIP  NOTICE ADDRESS CITY-ST					T ADDRESS					Change	[_] vooilion	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE	VP		☐ Delete	TITLE						☐ Change	☐ Addition	
TITLE	NAME	E KeithW Jones									_ ,		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	CITY-ST-ZIP	1722 chelseall. Orlando F1813 or			UIIY-	ST-ZIP							
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		=	<del></del>	- Delete -					<del></del>	الم المستر المست		☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS													
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS													
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE	<u> </u>		□ Doloto	TITI E					·	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS				□ Delete							U Ollaliye	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS													
TITLE													
NAME STREET ADDRESS CITY-ST-ZIP CITYLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS				P****	1-	-							
STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS				L_I Delete								Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change Addition           NAME         NAME         STREET ADDRESS	1												
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS												ļ	
NAME STREET ADDRESS STREET ADDRESS	UITY-ST-ZIP				CITY-	ST-ZIP							
NAME STREET ADDRESS STREET ADDRESS	TITLE			☐ Delete	TITLE						☐ Chanoe	☐ Addition	
	NAME												
CITY-ST-7IP	STREET ADDRESS				STREE	T ADDRESS							
011 31 211	CITY-ST-ZIP				CITY-	ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**